

Health Insurance Premium Payment (HIPP) Program **DISCLOSURE STATEMENT** (required)

Please read entire disclosure statement before signing.

The California Department of Health Care Services (DHCS) will pay, when it is cost-effective to do so, medical insurance premiums for Medi-Cal beneficiaries who have a medical condition. As an applicant or enrollee, you must submit a policy booklet or Evidence of Coverage from your private health insurance carrier, a Statement of Diagnosis Medical Report signed and dated within the last six (6) months and other requested documentation. The following applies to all applicants and enrollees of the HIPP Program.

1. HIPP will not pay health insurance premiums for a Medi-Cal eligible child when a parent has been court-ordered to provide medical support for the child.
2. HIPP will not pay health insurance premiums for individuals enrolled in any of the following: Healthy Families, Access for Infants and Mothers, Medicare or any county managed care programs.
3. HIPP will not pay health insurance premiums for TRICARE and MRMIP (including Post-Grad).
4. HIPP does not pay for premiums paid prior to the month the application was received by HIPP or for past due premiums. If premiums are past due, the applicant must bring the premiums current before approval can be determined.
5. HIPP will only pay medical insurance premiums.
6. The California Code of Regulations, Title 22, Section 50763(a)(1) states, "An applicant or beneficiary shall: apply for, and/or retain any available health care coverage when no cost is involved." This means that if you drop your private health coverage without DHCS approval after the state begins paying your premiums, you could lose your Medi-Cal benefits.
7. As a condition of HIPP eligibility, any reimbursement received for medical coverage premiums must be forwarded to DHCS.
8. It is the responsibility of the HIPP enrollee to notify the HIPP Program within ten (10) days of any changes in health insurance coverage, insurance premium amount, personal contact information, marital status, or any changes that may otherwise affect the HIPP Program eligibility.
9. Each case is re-evaluated periodically to determine if it is still cost-effective for the state to pay the medical insurance premiums; if the HIPP enrollee does not respond by the due date established by the HIPP Program, the case will be terminated.
10. HIPP beneficiaries will be terminated from the program if their Medi-Cal eligibility is terminated; their private health coverage is terminated or they are Medicare eligible; their other health coverage expenses reach annual or lifetime limits; they fail to provide requested information; or if it is no longer cost-effective for DHCS to pay the medical insurance premiums. Only one letter of termination will be mailed to the address of record.
11. In accordance with All County Welfare Directors Letter No. 95-82, there are no appeal rights for the HIPP Program.
12. Funding for the HIPP Program is contingent upon a state budget. In the event a state budget is not enacted timely, HIPP payments may be delayed. If HIPP payments are delayed, HIPP enrollees, in order to avoid the potential loss of their health insurance, may be personally responsible for making the insurance premium payments. DHCS will reimburse those payments once a state budget has been enacted.

CERTIFICATION: I certify that I have thoroughly read the provisions listed above, and I understand and agree to them.

Name of Applicant (<i>print</i>):	Signature of Applicant/Guardian:	Date:
Name of Policyholder (<i>print</i>):	Signature of Policyholder:	Date:

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS